

Exhibit B

PROJECT PROGRESS REPORT AND PAYMENT REQUEST

Project Name:

Project No.:

Phone #:

Recipient:

Fax #:

Contact Person:

E-mail:

Date:

Payment Request:

☐ Final ☐ Quarterly

I. Description of Work Accomplished

***Suffolk County Water Quality Protection and Restoration Program
Project Progress Report and Payment Request***

4/8/04

II. Task Progress

Task	Original Target Date	Percent Complete	Date Completed	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

III. Expenditure Summary

Fill in the chart below with the up to date expenditures listed in the appropriate categories.

Expenditure Category	County Assistance	Recipient Match	Total Costs
1. <u>Construction</u>	\$	\$	\$
2. <u>Personal Services</u>			
Salaries, Wages & Fringe Benefits	\$	\$	\$
3. <u>Nonpersonal Services</u>			
Travel	\$	\$	\$
Equipment	\$	\$	\$
Supplies & Materials	\$	\$	\$
Other: _____	\$	\$	\$
4. <u>Consultant/Contractual Services</u>			
Engineering	\$	\$	\$
Design	\$	\$	\$
Other	\$	\$	\$
5. <u>Land Acquisition</u>	\$	\$	\$
6. <u>Other</u>	\$	\$	\$
TOTAL EXPENDITURES	\$	\$	\$

TOTAL FUNDS AWARDED FOR THIS PROJECT: \$ _____

TOTAL FUNDS IN THIS PAYMENT REQUEST: \$ _____

START-UP PAYMENT (IF APPLICABLE): \$ _____

RETAINAGE FOR THIS PAYMENT: \$ _____

TOTAL RETAINAGE TO DATE: \$ _____

TOTAL REMAINING FUNDS AVAILABLE: \$ _____